

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V12503

1. Corporation Name

NEW THERMAL TECHNOLOGIES, INC.

Principal Place of Business

**12900 AUTOMOBILE BLVD.
SUITE G
CLEARWATER FL 33762
US**

Mailing Address

**12900 AUTOMOBILE BLVD.
SUITE G
CLEARWATER FL 33762
US**

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90050 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1992

4. FEI Number

59-3104518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**YOHO, ROBERT
12900 AUTOMOBILE BLVD.
SUITE G
CLEARWATER FL 33762**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME
YOHO, ROBERT W
STREET ADDRESS
5812 TOUCAN PLACE
CITY-ST-ZIP
CLEARWATER FL

TITLE **D** ☒ DELETE

NAME
DANIELLO, SALVATORE A
STREET ADDRESS
7129 MATHEW ST.
CITY-ST-ZIP
GREENBELT MD

TITLE **D** ☐ DELETE

NAME
NAGER, TERRY
STREET ADDRESS
5909 AIRPORT BLVD., 2ND FLOOR
CITY-ST-ZIP
MOBILE AL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/D

☒ Change ☐ Addition

1.2 NAME

Yoho, Robert W

1.3 STREET ADDRESS

13799 Park Blvd N. #260

1.4 CITY-ST-ZIP

Seminole, FL 33776

2.1 TITLE

S

☐ Change ☒ Addition

2.2 NAME

Jacoby, Annette

2.3 STREET ADDRESS

601 79th Circle South

2.4 CITY-ST-ZIP

St. Petersburg, FL 33707

3.1 TITLE

D

☒ Change ☐ Addition

3.2 NAME

Nager, Terry

3.3 STREET ADDRESS

29000 Hwy 98, Ste 201-A

3.4 CITY-ST-ZIP

Daphne, AL 36577

4.1 TITLE

D

☐ Change ☒ Addition

4.2 NAME

Owens, Scott

4.3 STREET ADDRESS

2015 W. Fifth Ave

4.4 CITY-ST-ZIP

Columbus, OH 43212

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Annette Jacoby

Annette Jacoby, Secretary

02.05.99

(727) 571-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)